

Community Pathways Waiver – **Current**

Service Type: Statutory Service

Service (Name): Adult Day Health

Alternative Service Title: **MEDICAL DAY CARE**

HCBS Taxonomy:

Check as applicable

☐ Service is included in approved waiver. There is no change in service specifications.

☒ Service is included in approved waiver. The service specifications have been modified.

☐ Service is not included in the approved waiver.

Service Definition:

A. Medical Day Care (MDC) is a program of medically supervised day provided in an ambulatory setting to adults with significant health conditions who, due to their degree of medical needs, need health maintenance and restorative services supportive to their community living.

B. Medical Day Care includes the following services:

1. Health care services supervised by the director, medical director, or health director which emphasize primary prevention, early diagnosis and treatment, rehabilitation and continuity of care;
2. Nursing services performed by a registered nurse or by a licensed practical nurse under the supervision of a registered nurse;
3. Physical therapy services, performed by or under supervision of a licensed physical therapist.
4. Occupational therapy services, performed by an occupational therapist;
5. Assistance with activities of daily living such as walking, eating, toileting, grooming, and supervision of personal hygiene;
6. Nutrition services;
7. Social work services performed by a licensed, certified social worker or licensed social work associate.
8. Activity Programs; and
9. Transportation Services

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- A. A Waiver participant must attend the Medical Day Care a minimum of 4 hours per day for the service to be coverable.
- B. The frequency of attendance is determined by the physician orders and is part of the Individual Plan developed by the team.

- C. The Program will reimburse for a day of care when this care is:
1. Ordered by a participant's physician annually;
 2. Medically necessary;
 3. Adequately described in progress notes in the participant's medical record, signed and dated by the individual providing care;
 4. Provided to participants certified by the Department as requiring nursing facility care under the Program as specified in COMAR 10.09.10; and
 5. Provided to participants certified present at the medical day care center a minimum of 4 hours a day by an adequately maintained and documented participant register.
- D. Medical Day Care services cannot be billed during the same period of time a person is receiving other waiver services.
- E. The reimbursement rate for medical day care is specified in COMAR 10.09.07.

Service Delivery Method (check each that applies)

_____ Participant Directed as specified in Appendix E

 X Provider Managed

Specify whether the service may be provided by (check all that applies):

_____ Legally Responsible Person

_____ Relative

_____ Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Agency	Medical Day Care Providers

Provider Specifications for Services

Provider Category: Agency

Provider Type: Medical Day Care Providers

Provider Qualifications License (specify):

License (specify):

Licensed Medical Day Care Providers as per COMAR 10.09.07

Certificate (specify):

Other Standard (specify):

Verification of Provider Qualifications Entity

Responsible for Verification:

- Department of Health and Mental Hygiene

Frequency of Verification:

- Every 2 years and in response to complaints